

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

XWW

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

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|---|------------|----------|---------------------------------------|----------------|------------|--------------|--|------------------------|--------------------------------|----------------|--|
| Establishment Name Uptown Act   |            |          |                                       |                |            |              | Telephone Number                       | (mm/dd/y               | of Inspection PERMIT # /dd/yr) |                |  |
| Establishment Address (number and street, city, state, zip code)                  |            |          |                                       |                |            |              |  | 11/26                  | /2019                          | 19-339         |  |
|   |            |          | ik 1) Hurf                            |                |            |              | ,                                      | 1 ~                    | ,                              |                |  |
| Owner   |            |          | 100                                   | (4-4-17-11-    | 1 1170     | -            | Purpose:                               | Follow-ı               | n Relea                        | se Date        |  |
| UAINNA, 114   |            |          |                                       |                |            |              | 1. Routine                             | No 10 days             |                                |                |  |
| Owner's Address   |            |          |                                       |                |            |              | Follow-up                              | Summary of Violations: |                                |                |  |
| •   |            |          |                                       | •              |            |              | 3. Complaint                           |                        |                                | ;              |  |
| Person in Charge  |            |          |                                       |                |            |              | 4. Pre-Operational                     | $\perp_{c} \times$     | NC_                            | $Q^{-}Q$       |  |
| Laura Hocm  |            |          |                                       |                |            |              | _                                      |                        | _ 110_(                        |                |  |
| Responsible Person's E-mail   |            |          |                                       |                |            |              | 5. Temporary                           | Мени Ту                | pe (See baci                   | k of page)     |  |
|   |            |          |                                       |                |            |              | 6. НАССР                               |                        |                                |                |  |
| Certified Food Manager  |            |          |                                       |                |            |              | 7. Other (list)                        | 1 <u>X</u> 2           | 3                              | _45            |  |
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| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" |            |          |                                       |                |            |              |  |                        |                                |                |  |
| • VIOLATIO  | ON(S) REPE | ATED     | FROM PREVIOUS IN                      | SPECTIONS A    | RE DENOTED | IN THE "SUN  | MARY OF VIOLATIONS" A                  | ND IN THE              | NARRATIVE                      | E BELOW AS "R" |  |
| Section#  |            |          |                                       |                |            |              |  |                        |                                | orrected By    |  |
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|   |            |          | 1 -                                   | 11.            | MA.        |              |  |                        |                                |                |  |
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| Received by   | (name and  | title p  | rinted):                              | <del> </del>   |            |              | Inspected by (name and title printed): |                        |                                |                |  |
| LEHOON  |            |          |                                       |                |            |              | A 1                                    |                        | m (Et                          |                |  |
| Received by (signature):  |            |          |                                       |                |            |              | Inspected by (signature):              | سم ومد                 | <u>(cr</u>                     |                |  |
| WEILOW  |            |          |                                       |                |            |              | mopoored by (aigitature);              | •                      | . (<br>                        |                |  |
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